THE STATE BOARD OF EXAMINERS OF PSYCHOLOGY

Post Office Box 1360
Frankfort, Kentucky 40602

APPLICATION FOR RENEWAL OF CERTIFICATE
AUTONOMOUS FUNCTIONING

Social Security Number: ___-___-____

Your certificate to practice psychology with autonomous functioning in Kentucky will expire on . A fee of ***$450.00*** is due and payable on or before the above date for the next three year period of certification. Therefore, if you desire to renew for the next three (3) years, return this application form, along with copies of continuing education certificates and the required fee in the form of a check or money order made payable to "Kentucky State Treasurer*" **(DO NOT SEND CASH)*** to this office prior to the expiration date shown above.

PLEASE COMPLETE THE FOLLOWING:

1. ***Note changes in mailing address if different from above:***

   NAME:_____

   ADDRESS:_____

   _____

2. ***Present business address (ONLY IF DIFFERENT FROM MAILING ADDRESS)***

_____

_____

3. ***Home Phone No.***_____ ***Business Phone No.***_____

4. ***E-mail Address:*** _____ ***Fax #:*** _____

5. ***Social Security No.***_____

Please complete the following related to your status since initial licensure or last renewal:

1.	Have you been denied licensure/certification in any state/jurisdiction?	Yes	No
2.	Has your license/certification been suspended or revoked in any state/jurisdiction?	Yes	No
3.	Have you surrendered or allowed you license/certification to lapse in any state/jurisdiction due to an action pending or threatened?	Yes	No
4.	Has your license/certification been subject to any disciplinary action by any licensure/regulatory board?	Yes	No
5.	Have you entered into a consent or other agreement with any licensure or regulatory board in connection with disciplinary action?	Yes	No
6.	Are you aware of any pending disciplinary action against your license or certification in any state/jurisdiction?	Yes	No
7.	Have your clinical privileges at any hospital or other health care institution or clinic been denied, limited, suspended, revoked, or not renewed for any reason?	Yes	No
8.	Have you been denied professional liability insurance or has your policy been cancelled or restricted?	Yes	No
9.	Have you had psychiatric hospitalization in the past five years?	Yes	No
10.	Have you been treated for alcohol or drug abuse/dependence in the past five years?	Yes	No
11.	Do you suffer from any illness or health condition which limits or impairs your ability to practice in your profession?	Yes	No
12.	Have you been convicted of a felony in the past five years?	Yes	No
13.	Has any third party payor, including Medicare and Medicaid, terminated, suspended, restricted or revoked your status as a provider for reasons related to the quality of your professional practice?	Yes	No
14.	Have you been disciplined by a professional organization for a violation of ethical standards?	Yes	No
15.	To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank?	Yes	No

If you have answered "yes" to any of the above questions, please explain on a supplementary sheet.

I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Board.

_____ _____

Signature **Date**

TO: ***CONTINUING EDUCATION COMMITTEE*** ***DATE: _____***
KENTUCKY STATE BOARD OF PSYCHOLOGY

FROM: _____
(NAME)

SUBJECT: ***CONTINUING EDUCATION CREDITS*** ***(PLEASE TYPE OR PRINT)***

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1. During the period of time since my last license or certificate renewal, (Date of renewal: _____), I have acquired _____ continuing education hours as defined in 201 KAR 26:040 (i.e., one clock hour of credit for each 55-minute clock hour of instruction). You may made additional copies of this form if needed.

2. The C.E. hours were obtained as follows:

a. (1) Name of Program _____

Date Offered _____

Instructor(s) _____

CE Hours _____

Name and Address of Sponsoring Organization: _____

_____

_____

(2) Name of Program _____

Date Offered _____

Instructor(s) _____

CE Hours _____

Name and Address of Sponsoring Organization: _____

_____

_____

(3 Name of Program _____

Date Offered _____

Instructor(s) _____

CE Hours _____

Name and Address of Sponsoring Organization: _____

_____

_____

b. Completing a graduate level psychology course in an accredited academic institution.

Course Name: _____

Institution: _____

Instructor: _____

CE Hours: _____

(***Note***: One semester hour is equivalent to 15 CE hours; one quarter hour is equivalent to nine CE hours.)

c. Teaching a graduate level psychology course in an accredited academic institution.

Course Name: _____

Institution: _____

CE Hours: _____ Date Offered:_____

(***Note***: A three semester or quarter hour course is equivalent to six CE hours. No more than six CE hours can be obtained by this method in a renewal period.)

d. Teaching an approved continuing education workshop.

Course Name: _____

Sponsoring Organization: _____

CE Hours: _____ Date Offered: _____

(***Note***: CE hours are on a one-to-one basis. No more than six (6) CE hours can be obtained through this method in a renewal period.)

3. Enclose documents to verify each of the above activities. These may include certificates or other proof of attendance, copies of official grade reports or transcripts. Brochures may be helpful as supplementary material. If you taught a course in a university, you should provide documentation from your chair or supervisor. If you taught an approved CE workshop, provide documentation from the sponsoring organization.

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CONTINUING EDUCATION REQUIREMENTS:

C.E. HOURS

30 Hours Required